

OFFICE OF THE FEDERAL DEFENDER
EASTERN DISTRICT OF CALIFORNIA
801 I STREET, 3rd FLOOR
SACRAMENTO, CALIFORNIA 95814
(916) 498-5700 Fax: (916) 498-5710

Quin Denvir
Federal Defender

Daniel J. Broderick
Chief Assistant Defender

July 29, 2005

FILED

JUL 29 2005

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY DEPUTY CLERK

Mr. Joseph Wiseman
Attorney at Law
1477 Drew Avenue, #106
Davis, CA 95616

Re: **U.S. v. Donna Rowe**
Cr.S-05-128-LKK

Dear Mr. Wiseman:

This will confirm your appointment as counsel by the Honorable Kimberly J. Mueller, U.S. Magistrate Judge, to represent the above-named defendant. You are attorney of record until such time as you are relieved or other action is taken to appoint a different attorney.

Enclosed is CJA 20 form, your Order of Appointment and Voucher for services rendered. Also enclosed is an instruction sheet discussing the use of the forms, together with sample forms for reporting court time. This will also provide a uniformity in the way attorneys report their time and services rendered.

If we may be of any further assistance regarding the processing of the enclosed form, preparation of form CJA 21 for expert services, or in reference to any other matter pertaining to this case, please feel free to call upon us at any time.

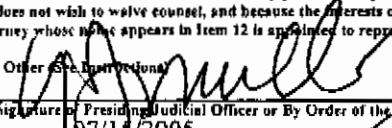
Very truly yours,



CYNTHIA L. COMPTON
CJA Panel Administrator

:clc
Enclosures

cc: Clerk's Office

1. CIR./DIST./DIV. CODE CAE		2. PERSON REPRESENTED Rowe, Donna		3. V. NUMBER MCE-AC Document 70 Filed 07/29/05 Page 2 of 3																																																																																																																				
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 2:05-000128-008		5. APPEALS DKT./DEF. NUMBER																																																																																																																				
7. IN CASE/MATTER OF (Case Name) U.S. v. Kalfsbeek		8. PAYMENT CATEGORY Felony		9. TYPE PERSON REPRESENTED Adult Defendant																																																																																																																				
10. REPRESENTATION TYPE (See Instructions) Criminal Case																																																																																																																								
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 1343.F -- FRAUD BY WIRE, RADIO, OR TELEVISION																																																																																																																								
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS Wiseman, Joseph J. 1477 Drew Avenue Suite 106 Davis CA 95616 Telephone Number: (530) 759-0700			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions) Signature of Presiding Judicial Officer or By Order of the Court:  Date of Order: 07/13/2005 Nunc Pro Tunc Date: _____ Repayment of partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																																					
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) Joseph J. Wiseman, P.C. 1477 Drew Avenue, Suite 106 Davis CA 95616																																																																																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">CATEGORIES (Attach itemization of services with dates)</th> <th>HOURS CLAIMED</th> <th>TOTAL AMOUNT CLAIMED</th> <th>MATH/TECH ADJUSTED HOURS</th> <th>MATH/TECH ADJUSTED AMOUNT</th> <th>ADDITIONAL REVIEW</th> </tr> </thead> <tbody> <tr> <td rowspan="8" style="writing-mode: vertical-rl; transform: rotate(180deg);">IN COURT</td> <td>15. a. Arraignment and/or Plea</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>b. Bail and Detention Hearings</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. Motion Hearings</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>d. Trial</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>e. Sentencing Hearings</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>f. Revocation Hearings</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>g. Appeals Court</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>h. Other (Specify on additional sheets)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">(Rate per hour = \$ 90) TOTALS:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="5" style="writing-mode: vertical-rl; transform: rotate(180deg);">OUT OF COURT</td> <td>16. a. Interviews and Conferences</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>b. Obtaining and reviewing records</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. Legal research and brief writing</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>d. Travel time</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>e. Investigative and Other work (Specify on additional sheets)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">(Rate per hour = \$ 90) TOTALS:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">17. Travel Expenses (lodging, parking, meals, mileage, etc.)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">18. Other Expenses (other than expert, transcripts, etc.)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW	IN COURT	15. a. Arraignment and/or Plea						b. Bail and Detention Hearings						c. Motion Hearings						d. Trial						e. Sentencing Hearings						f. Revocation Hearings						g. Appeals Court						h. Other (Specify on additional sheets)						(Rate per hour = \$ 90) TOTALS:							OUT OF COURT	16. a. Interviews and Conferences						b. Obtaining and reviewing records						c. Legal research and brief writing						d. Travel time						e. Investigative and Other work (Specify on additional sheets)						(Rate per hour = \$ 90) TOTALS:							17. Travel Expenses (lodging, parking, meals, mileage, etc.)							18. Other Expenses (other than expert, transcripts, etc.)						
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19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION																																																																																																																			
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____ Date: _____																																																																																																																								
23. IN COURT COMP.		24. OUT OF COURT COMP.		25. TRAVEL EXPENSES																																																																																																																				
26. OTHER EXPENSES		27. TOTAL AMT. APPR / CERT																																																																																																																						
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER				28a. JUDGE / MAG. JUDGE CODE																																																																																																																				
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34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.				34a. JUDGE CODE																																																																																																																				

FINANCIAL AFFIDAVIT

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICE WITHOUT PAYMENT OF FEE

CJA 23
(Rev. 5/98)IN UNITED STATES
IN THE CASE OF☐ MAGISTRATE☒ DISTRICT☐ APPEALS COURT☐ OTHER PANEL (Specify below)

UNITED STATES vs.

Donna

Rome

FOR

EASTERN DISTRICT OF CA

AT

SACRAMENTO, CALIFORNIA

LOCATION NUMBER

CAESC

DOCKET NUMBERS

Magistrate

District Court

Court of Appeals

PERSON REPRESENTED (Show your full name)

Donna Jean: Rowe - Willis

1 ☒ Defendant - Adult2 ☐ Defendant - Juvenile3 ☐ Appellant4 ☐ Probation Violator5 ☐ Parole Violator6 ☐ Habeas Petitioner7 ☐ 2255 Petitioner8 ☐ Material Witness9 ☐ Other (Specify)

CHARGE/OFFENSE (describe if applicable & check box)

☒ Felony☐ MisdemeanorEMPLOY-
MENTAre you now employed? ☐ Yes ☒ No ☐ Am Self Employed

Name and address of employer:

IF YES, how much do you
earn per month? \$IF NO, give month and year of last employment April - 2004
How much did you earn per month? \$ 2,000.00 - 2.50If married is your Spouse employed? ☐ Yes ☒ NoIF YES, how much does your
Spouse earn per month? \$ 2,000.00 / 2,100.00He WORKS AND JOBS (mechanic)
Guardian's approximate monthly income? \$OTHER
INCOMEHave you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? ☒ Yes ☐ NoIF YES, GIVE THE AMOUNT
RECEIVED & IDENTIFY \$
THE SOURCESRECEIVED \$ 8,000.00
SOURCES Home base business - paid in January 05
for 24 weeks - Company No longer active
Capita Strategies Inc.

CASH

Have you any cash on hand or money in savings or checking account? ☒ Yes ☐ No IF YES, state total amount \$ 300.00PROP-
ERTYDo you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? ☐ Yes ☒ NoIF YES, GIVE THE VALUE AND \$
DESCRIBE IT

VALUE

DESCRIPTION

DEPENDENTS

MARITAL STATUS

☐ SINGLE☒ MARRIED☐ WIDOWED☐ SEPARATED OR
DIVORCEDTotal
No. of
Dependents

List persons you actually support and your relationship to them

OBLIGATIONS
& DEBTSDEBTS &
MONTHLY
BILLS(LIST ALL CREDITORS
INCLUDING BANKS,
LOAN COMPANIES,
CHARGE ACCOUNTS,
ETC.)APARTMENT
OR HOME

Creditors

Total Debt

Monthly Pay.

Rent - 1,300.00 - Phone 46.00 - fuel 150.00
Utilities (gas, electric, garbage) 126.00
Insurance - 34.00
Food & household products 42.50.00\$ 1,958.50
\$ 1,958.50
\$ 1,958.50
\$ 1,958.50
\$ 1,958.50

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

7/15/05

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)To the best of my knowledge & belief -
Donna Jean: Rowe - Willis